

Meeting Date: _____

Location: _____

Audience Feedback Form

Please take a few minutes to give your feedback on this presentation. It will help us to serve you and others better in future programs. Thank you.

1) **This presentation was:** (rate the program by circling a number on each scale below)

	Not at all				Extremely
Helpful	1	2	3	4	5
Easy to understand	1	2	3	4	5
Well-organized	1	2	3	4	5

2) **This presentation increased my understanding of Alzheimer's disease:**

Strongly disagree

Strongly Agree

1 2 3 4 5

3) **As a result of this presentation, I would consider participating in a research study:**

Strongly disagree

Strongly Agree

1 2 3 4 5

4) **Why did you attend this presentation?**

____ Interested in the subject
____ Concerned about memory loss

____ Think a loved one might have AD
____ Other: _____

5) **How did you hear about this presentation?**

____ Newspaper
____ Radio
____ TV
____ Other: _____

____ Other publication
____ Friend
____ Organization

6) **Do you have questions about Alzheimer's disease that were not answered ?**

7) **Other comments?**

ADC Clinical Trial Information Form

Research is our best hope for a world without AD. To continue our progress toward understanding and one day ending AD, researchers need all kinds of volunteers to participate in clinical trials, including people to serve as normal volunteers, as well as people with AD and other dementias.

If you would like information about participating in AD studies or clinical trials, please print your name, address, telephone number, and e-mail below and return this page to the speaker. A staff member from the Alzheimer's Disease Center in your area will contact you about current volunteer opportunities.

NAME: _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL: _____